

Pat Barker

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565623
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51	/				
2								52	/				
3								53	/				
4								54	/				
5								55	/				
6								56					
7		5						57					
8		/						58					
9		/						59					
10		/						60					
11		/						61					
12		/						62					
13		/						63					
14		/						64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27		2						77					
28		1						78					
29		1						79					
30								80					
31		1						81					
32		1						82					
33		1						83					
34								84					
35		1						85					
36		1						86					
37		1						87					
38		1						88					
39		1						89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		14											
TOTAL DEP.	79												
TOTAL CLAIMS	80												